

# LAFAYETTE TOWNSHIP

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NOV 21 2002

178 BEAVER RUN ROAD  
LAFAYETTE, NJ 07848  
(973) 875-3344  
Fax (973) 875-3066

FCC  
Office of the Secretary  
445-12<sup>th</sup> Street SW  
Washington, DC 20554

**CC Docket Nos. 96-45 and 97-21**

To whom it may concern,

I would like to appeal the decision to deny funding in full (Funding Request Numbers: **675813,675815,675817**) and request further examination of my application. It is my understanding that Form **470** was rendered invalid by an inappropriate signature. The Service Provider **has** acknowledged responsibility for this error.

At *this* time I would like to resubmit the Form **470** and request consideration for funding only of the local and long-distance service but not the Internet service. I believe the funding related to Sprint/United Telephone Company of NJ, Inc. and AT&T Corp. is eligible for re-examination.

Please contact me if I can provide additional information to support my appeal. Thank you for any consideration in this matter.

Sincerely,



Carol J. Calella, Ed.D.  
Superintendent

No. of Copies rec'd 1  
List ABOVE

Do not write in this area.

Approval by OMI  
3060-080

Applicant's Form Identifier: **470-11172000**  
Create your own code to identify THIS Form 470)

Form 470 Application #: \_\_\_\_\_  
(To be inserted by Fund Administrator)

4a Street Address, P.O. Box, or Route Number	178 Beaver Run Road		
City Lafayette	State NJ	Zip Code 07848	3118

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



**NOTE: Services that are covered by I signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470**



11
(Optional)
Please name the person on your staff or project who can provide a d d i technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name

Mr. Thomas Shuman

Title

Technology Teacher/Coordinator

Telephone Number (10 digits + ext.)

( 973 ) 875 - 3344 ext 25

Fax Number (10 digits)

( 973 ) 875 - 3066

E-mail Address (50 characters max.)

☐
Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or provide a Web address where they are posted and provide a contact name and telephone number for service providers without Internet access.

13
(Optional)
Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services. summarize below (including the likely time-frames).

### Hock 3: Technology Assessment

14
☒
Basic telephone service only: If your application is for basic local and/or long distance telephone service (wireline or wireless) only, check this box and skip to Item 16.

15
Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

a

Desktop software: Software required

☐ has been purchased; and/or

☐ is being sought.

b

Electrical systems:

☐ adequate electrical capacity is in place or has already been arranged; and/or

☐ upgrading for electrical capacity is being sought.

c

Computers: a sufficient quantity of computers

☐ has been purchased; and/or

☐ is being sought.

d

Computer hardware maintenance: adequate arrangements

☐ have been made; and/or

☐ are being sought.

e

Staff development:

☐ all staff have had an appropriate level of training/additional training has already been scheduled; and/or

☐ training is being sought.

f

Additional details: Use this space to provide additional details to help providers to identify the services you desire.

Block 4: Recipients of Service

Number of eligible entities	
For <i>these</i> eligible <i>entities</i> , please provide <i>the</i> following:	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number)
Does your application include any INELIGIBLE entities? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, complete item 18.	

17 Billed Entities  
List the **entity/entities** that will be paying the bills directly to the provider for the **services** requested in this application. These are known as **Billed Entities**. At least one line of this item must be completed. Attach additional sheets if necessary.

Entity	Entity Number

18 Ineligible Participating Entities: Does your application also seek bids on services to entities that are not eligible for the Universal Service Program? If so, list those entities here (attach pages if needed)

Ineligible Participating Entity	Area Code and Prefix

Entity Number <b>8167</b>	Applicant's Form Identifier <b>470-1 11/2000</b>
Contact Person <b>Carol J. Calella, Ed.D.</b>	Phone Number <b>973-875-3344x13</b>

### Block 5: Certification and Signature

**19** The applicant includes: (Check one or both.)

a ☐ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities).

**20** All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

a ☐ individual technology plans for using the services requested in the application; and/or

b ☐ higher-level technology plans for using the services requested in the application; or

c ☐ no technology plan needed; application requests basic local and/or long distance telephone Service only.

**21** Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

a ☐ technology plan(s) has/have been approved by a state or other authorized body.

b ☐ technology plan(s) will be approved by a state or other authorized body.

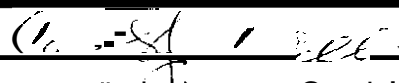
c ☒ no technology plan needed; application requests basic local and/or long distance telephone service only.

**22** I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

**23** I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

**24** I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

<b>25</b> Signature 	<b>26</b> Date <b>11-14-02</b>
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**27** Printed name of authorized person **Carol J. Calella, Ed.D.**

**28** Title or position of authorized person **Superintendent of School District**

**29** Telephone number of authorized person: **( 973 ) 875 - 3344, ext. 13**

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the "Service Provider Role in Assisting Customers" at [www.sl.universalservice.org/vendor/manual/chapter5.doc](http://www.sl.universalservice.org/vendor/manual/chapter5.doc) or call the Client Service Bureau at **1-888-203-8100**.

Entity Number 8167	Applicant's Form Identifier 470-11172000
Contact Person Carol J. Caletka, Ed.D.	Phone Number 973-875-3344x13

**NOTICE:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 470  
P.O. Box 7026  
Lawrence, Kansas 66044-7026  
1-888-203-8100**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 470  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence Kansas 66046  
1-888-203-8100**